

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 346.00: RATES FOR CERTAIN SUBSTANCE-RELATED AND ADDICTIVE DISORDERS
PROGRAMS

Section

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346.01: General Provisions

- (1) Scope. 101 CMR 346.00 governs the payment rates for certain substance-related and addictive disorders services purchased by a governmental unit. The rates for health care services set forth in 101 CMR 346.00 also apply to individuals covered by the Workers' Compensation Act, M.G.L. c. 152.
- (2) Applicable Dates of Service. Rates contained in 101 CMR 346.00 apply for dates of service provided on or after January 1, 2023.
- (3) Disclaimer of Authorization of Services. 101 CMR 346.00 is neither authorization for nor approval of the services for which rates are determined pursuant to 101 CMR 346.00. Governmental units that purchase the services described in 101 CMR 346.00 are responsible for the definition, authorization, and approval of services extended to clients.
- (4) Coding Updates and Corrections. EOHHS may publish procedure code updates and corrections in the form of an administrative bulletin. The publication of such updates and corrections will list
 - (a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;
 - (b) deleted codes for which there are no corresponding new codes; and
 - (c) codes for entirely new services that require pricing. EOHHS will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.
- (5) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on substantive provisions of 101 CMR 346.00.

346.02: Definitions

As used in 101 CMR 346.00, unless the context requires otherwise, terms have the meanings in 101 CMR 346.02.

Acute Treatment Provider (ATP). An eligible provider of acute treatment services.

Acute Treatment Services (Inpatient). Those medically managed and/or monitored acute intervention and stabilization services that provide supervised detoxification to individuals in acute

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withdrawal from alcohol or other drugs and address the biopsychosocial problems associated with alcoholism and other drug addictions requiring a 24-hour supervised inpatient stay.

Approved Program Rate. The rate per service unit approved by EOHHS and filed with the Secretary of the Commonwealth.

Case Consultation. A meeting with a professional of another agency to resolve treatment issues or to exchange other relevant client information. Case consultation may be billed only for face-to-face meetings that are necessary as a result of the inability or inappropriateness of other forms of communication, such as telephone and letter. Such circumstances and services must be documented in the client's record and be available as part of any record audit that the purchasing agency may perform.

Case Management. Services, as specified by the MassHealth program, that coordinate the substance-related and addictive disorders treatment of pregnant women with other medical and community services that are critical to the needs of the woman and her pregnancy. Case management is billable only for women enrolled in the Day Treatment Program. Service is limited to one hour per week per enrollee, provided in no less than 15-minute increments.

Child Enhancement for Residential Rehabilitation Services. A supplemental rate to reflect the costs of young children who may be accompanying their parents in the program.

Client. An individual that receives substance-related and addictive disorders services purchased by a governmental unit.

Client Resources. Revenue received in cash or in kind from publicly assisted clients to defray all or a portion of the cost of program services. Client resources may include payments made by publicly assisted clients to defray the room and board expense of residential services, clients' food stamps, or payments made by clients according to their ability to pay or a sliding fee scale.

Clinical Case Management Master's Level. Individualized case management provided as part of a clinical outpatient service that facilitates ongoing engagement in community-based treatment and recovery services; links to community resources such as housing, employment, education, and health care; and facilitates access to mainstream benefits and includes evidence-based models that integrate clinical treatment and case management services.

Clinical Case Management Non-master's Level. Individualized case management provided as part of a clinical outpatient service that facilitates ongoing engagement in community-based treatment and recovery services; links to community resources such as housing, employment, education, and health care; and facilitates access to mainstream benefits.

Clinically Managed Detoxification Services. Medical assessment, intensive counseling, and case management services to clients who are not intoxicated or have been safely withdrawn from alcohol or other drugs or are addicted to a drug that does not require medical withdrawal. These clients require a 24-hour supervised inpatient stay to address the acute emotional, behavioral, or biomedical

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distress resulting from an individual's use of alcohol or other drugs. This level of service includes four hours of nursing services seven days a week. These services are governed by the Massachusetts Department of Public Health at 105 CMR 164.133(A)(1)(c): *Clinically Managed Detoxification*.

Cost Report. The document used to report costs and other financial and statistical data. The Uniform Financial Statements and Independent Auditor's Report (UFR) is used when required.

Couple Counseling. Therapeutic counseling provided to a couple whose primary complaint or concern is disruption of their relationship or family due to substance-related and addictive disorders.

Day Treatment. A highly structured day treatment program for substance-related and addictive disorders that meets the service criteria set forth by the Massachusetts Department of Public Health pursuant to 105 CMR 164. 231, 105 CMR 164.232(A) through (C), and MassHealth. A Day Treatment Program operates at least 3½ hours per day, five days per week.

Driver Alcohol Education. The program of services, provided through licensed outpatient substance-related and addictive disorders counseling programs, legislated by M.G.L. c. 90, § 24D to first offender drunk drivers adjudicated in Massachusetts courts.

Educational/Motivational Session. A meeting between staff of a Driver Alcohol Education Program and not more than 15 clients. Clients are required to participate in 32 hours of this interactive group programming through 16 two-hour groups.

Enhanced Acute Treatment Services. A program that is medically managed and/or monitored acute intervention and stabilization services, provides supervised detoxification to dually diagnosed individuals in acute withdrawal from alcohol or other drugs, and addresses the mental health needs and biopsychosocial problems associated with alcoholism and other drug addictions requiring a 24-hour supervised inpatient stay.

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

Established Charge. The lowest fee that is charged or accepted as payment by the provider to the general public or any third party payer, other than a governmental unit, for the provision of services. Fees based upon the client's ability to pay, as in the case of a sliding fee scale, and fees subject to EOHHS review and approval are not established charges.

Extraordinary Circumstances/Flex Funding. A method whereby a purchasing governmental unit may provide resource allocations to a client and/or provider for specific support services in order to address extraordinary circumstances.

Family Counseling. The therapeutic counseling of more than one member of a family at the same time in the same session, where the primary complaint or concern is disruption of the family due to substance-related and addictive disorders.

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Family Residential Treatment Service. A structured and comprehensive rehabilitative environment in programs ranging in size from 11 to 16 family units. Such services support a resident's recovery from alcohol and/or other drug problems, support the family's recovery from the effects of substance-related and addictive disorders, and encourage movement toward independence.

Family Supportive Housing Program. A transitional sober living environment for families recovering from substance-related and addictive disorders that assists and supports families in their recovery to achieve self-sufficiency and independent living. This is achieved through

- (a) case management services within an alcohol- and drug-free living environment that supports the active search for permanent housing and employment and reinforces recovery; and
- (b) establishing community-based supports to maintain ongoing goals in the recovery process.

Federally Qualified Health Centers (FQHCs) Office Based Opioid Treatment (OBOT). Community-based programs offering medication-assisted treatment (MAT) options in Federally Qualified Health Centers (FQHCs), community health centers (CHCs), or entities fully licensed under 105 CMR 164.000: *Licensure of Substance Abuse Treatment Programs*, 105 CMR 130.000: *Hospital Licensure*, or 105 CMR 140.000: *Licensure of Clinics* who are in good standing.

Governmental Unit. The Commonwealth, any board, commission, department, division, or agency of the Commonwealth and any political subdivision of the Commonwealth.

Group Counseling. Therapeutic counseling to an unrelated group of people having a common problem or concern that is associated with substance-related and addictive disorders.

Individual Consideration (I.C.). Payment rates for certain services are designated as individual consideration (I.C.). Where I.C. rates are designated, the purchasing governmental unit will determine the appropriate payment as the actual cost of the item or service as evidenced by invoice, published tuition amount, or other price reasonably obtained by a competitive market for the product or service.

Individual Counseling. A therapeutic meeting between the staff of an eligible provider and an individual whose primary complaint or concern is his or her substance-related and addictive disorder or that of a significant other.

Individual Assessment Session. A meeting between a clinician and a client to explore the client's current and past substance-related and addictive disorders, psychosocial history, and motivation for change and to make recommendations for an appropriate level of care for treatment. Full assessment documentation is required.

In-home Therapy. A therapeutic counseling service for substance-related and addictive disorders provided in the home by a clinician. In-home therapy is allowed when specific barriers to accessing services at a clinic site are identified for the client. The need for in-home therapy is reassessed at least every 90 days.

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Jail Diversion. A continuum of services prescribed by the courts as an alternative to jail. The first phase consists of approximately three months in a 24-hour, structured, therapeutic, semi-secure residential setting. Evidence-based treatment services are provided to address resistance to care, co-occurring disorders, and criminogenic issues, and to prepare individuals to engage in ongoing substance-related and addictive disorders treatment. In the second phase, a case manager is assigned to each client for approximately nine months to assist the client's transition to community treatment and ancillary services.

Medically Monitored Inpatient Detoxification Services. Acute detoxification and related treatment services provided to individuals whose current or potential withdrawal symptoms constitute a risk to the patient's health and well-being and require medical monitoring. These services are governed by the Massachusetts Department of Public Health at 105 CMR 164.133(A)(1)(b): *Medically Monitored Inpatient Detoxification Services*.

Medical Services Visit. A medical services visit to an opioid treatment program includes medical assessment, medical case management, and dispensing of medication to opiate-addicted individuals who require support of opioid substitution therapy, as noted in the Department of Public Health's standard RFR program description of Opioid Treatment Programs and pursuant to 105 CMR 164.302: *Provision of Services – All Opioid Treatment* and 105 CMR 164.303: *Additional Service Requirements for Opioid Detoxification*.

Office-based Opioid Treatment (OBOT). These programs provide medically monitored treatment services for clients who are addicted to opiate drugs such as heroin or pain medications in a primary care setting. Services combine medical and pharmacological interventions with case management and supportive services. Services are offered on both a short- and long-term basis.

Office-based Opioid Treatment (OBOT) Wraparound Services. Services that provide administrative support to OBOT programs and case management services to individuals who are participating in an OBOT program utilizing medication-assisted treatment (MAT).

Operating Agency. An individual, group, partnership, corporation, trust, or other legal entity that operates a program.

Opioid Treatment. Medically monitored treatment services for opiate-addicted clients that combine medical and pharmacological interventions with professional counseling, education, and vocational services. Services are offered on both a short-term (detoxification) and long-term (treatment) basis. Any individuals who are addicted to opiate drugs and are medically screened as appropriate are eligible.

P4P Eligible Provider (P4PEP). A provider that provides a P4P eligible service.

P4P Eligible Service. A substance-related and addictive disorders treatment class of services, such as transitional support services or acute treatment services, that has been identified by the purchasing governmental unit as eligible for participation in a P4P program.

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Pay for Performance (P4P). A value-based purchasing program implemented by a purchasing governmental unit to pay providers to perform activities related to improving the quality of care delivered to clients.

Postpartum Enhancement for Residential Rehabilitation Services. A supplemental rate to cover the additional staffing and other costs necessary to meet the needs of postpartum women and their infants in the program.

Pregnant Enhancement for Residential Rehabilitation Services. A supplemental rate to cover the additional staffing and other costs necessary to meet the needs of pregnant women in the program.

Provider. Any individual, group, partnership, trust, corporation, or other legal entity that offers services for purchase by a governmental unit and that meets the conditions of purchase or licensure that have been adopted by a purchasing governmental unit.

Psycho-educational Group. An educational group that provides intervention and motivation for individuals who may need substance-related and addictive disorders treatment/intervention services or who are family members of those in need of addiction treatment services.

Publicly Assisted Client. A person who receives program services for which a governmental unit is liable, in whole or in part, under a statutory program of financial assistance.

Purchasing Governmental Unit. A governmental unit that has purchased or is purchasing service units from an eligible provider.

Recovery Coaching. A non-clinical service provided by a trained recovery advocate who provides guidance and coaching for individuals to meet their recovery goals.

Recovery Support Centers (RSC). A service that provides a broad range of supports that can help individuals build a stable life in recovery. The RSCs provide peer-to-peer recovery support to individuals in recovery from substance use disorder, as well as serving families and loved ones affected by addiction. RSCs support multiple pathways, provide hope, promote wellness, and assist members in building capital and developing their own unique individual, social, and community support, to help prevent relapse and promote long-term recovery from alcohol, opioids, and other addictions.

Related Party. A person or organization that is associated or affiliated with, has control of, or is controlled by the operating agency or any director, stockholder, partner, or administrator of the operating agency by common ownership or control or in a manner specified in §§ 267(b) and (c) of the Internal Revenue Code of 1954, provided, however, that 10% is the operative factor as set out in §§ 267(b)(2) and (3) and provided further that the definition of "family members" found in § 267(c)(4) of said code includes the following for the purpose of 101 CMR 346.00:

- (a) husband and wife;
- (b) natural parent, child, and sibling;

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- (c) adopted child and adoptive parent;
- (d) stepparent and stepchild;
- (e) father-in-law, mother-in-law, sister-in-law, brother-in-law, son-in-law, and daughter-in-law;
- and
- (f) grandparent and grandchild.

Reporting Year. The operating agency's fiscal year for which costs incurred are reported to the Operational Services Division on the Uniform Financial Statements and Independent Auditor's Report (UFR), normally July 1st to June 30th.

Residential Rehabilitation. The program of services defined as organized substance-related and addictive disorders treatment and education services featuring a planned program of care in a 24-hour residential setting. These services are provided to clients who require safe and stable living environments in order to develop their recovery skills. Types of residential rehabilitation services are those designed for adult individuals, adults with their families, adolescents, and driving-under-the-influence second offenders pursuant to the Massachusetts Department of Public Health at 105 CMR 164.000: *Licensure of Substance Abuse Treatment Programs*.

Residential Rehabilitation Co-occurring Enhanced. The program of services defined as organized substance-related and addictive disorders treatment and education services featuring a planned program of care in a 24-hour residential setting for individuals with a moderate-to-severe substance use and mental health disorder. These services are provided to clients in a safe, structured, and developmentally appropriate environment. This specialized program offers appropriate psychiatric and substance use treatment services, including medication evaluation and laboratory services. These services are provided on-site and as appropriate to the severity and urgency of the patient's mental condition.

School-based Targeted Prevention. Developmentally focused, competency-enhancement programs targeting 6- through 12-year-old elementary/middle school students who are at risk for early development of conduct problems, emotional dysregulation, or substance use. Program components may include needs assessment, case management, case consultation, individual counseling, psychoeducation groups, parent education and skills training, after-school and summer activities, education services, mentoring, and contingency management.

Second Offender Driver Alcohol Education Residential Rehabilitation. The program of services described in M.G.L. c. 90, § 24 and provided through licensed residential counseling programs to driving-under-the-influence second offenders.

Substance-related and Addictive Disorders Outpatient Counseling. The services defined by the Massachusetts Department of Public Health at 105 CMR 164.200: *Outpatient Services*.

Supportive Case Management. A program for individuals and families residing in recovery-focused transitional and permanent housing settings that includes care coordination, recovery support, housing stabilization, and facilitated access to mainstream benefits, especially primary health care. There are seven services for supportive case management: Permanent Adult,

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Permanent Families, Permanent Young Adults, Transitional Adults, Transitional Families, Transitional Young Adults, and Low Threshold.

Telephone Recovery Support. A telephone support service provided by a counselor who is trained in an evidence-based model of telephone recovery support.

Transitional Support Services. Residential case management services provided to bridge the gap between detoxification and residential rehabilitation and/or community ambulatory aftercare services. This level of service includes four hours of nursing services seven days a week.

Transitional Support Services with Special Programming for Women. Residential case management services provided to bridge the gap between detoxification and residential rehabilitation and/or community ambulatory aftercare services, and that focus on the unique needs of women; are structured in a smaller residential setting (16 versus 36 beds); and offer more intensive services (more counseling and smaller staff/client ratio).

Treatment for Civilly Committed Persons Add-on. An enhanced level of care that includes transportation, extra medical, psychiatric, recovery specialist care, family counseling, and additional administrative staff for the intake for all civilly committed persons in the Commonwealth. May be purchased in addition to medically monitored detoxification services, clinically managed detoxification services, and transitional support services for individuals who have been civilly committed by a district court of the Commonwealth, under M.G.L. c. 123, § 35.

Triage, Engagement, and Assessment Program. The Triage, Engagement, and Assessment (TEA) Program (formerly known as Substance Abuse Shelters for Individuals, or SASI) has as its focused populations homeless and chronically homeless adults active in their addiction who are under the influence at the point of contact with the program. Individuals are assessed, engaged, and stabilized with the intention of moving them into the substance use disorder continuum of care to provide treatment and to access permanent housing. The TEA Program provides a specialized setting for these individuals, who often present as behaviorally difficult to manage due to active substance use and are often inappropriate (and frequently ineligible) for non-specialized shelter settings. Individuals in the TEA Program setting are treated with respect in a caring, judgment-free environment.

346.03: Filing and Reporting Requirements

- (1) Reporting for Annual Review. Unless exempted in 101 CMR 346.03, each operating agency must, on or before the 15th day of the fifth month after the end of its fiscal year, submit to EOHHS
 - (a) a copy of its Uniform Financial Statements and Independent Auditor's Report completed in accordance with the filing requirements of the Operational Services Division, Executive Office for Administration and Finance; and
 - (b) a supplemental program questionnaire, if requested by EOHHS.
- (2) Penalty for Noncompliance. The purchasing governmental unit may impose a penalty in the amount of up to 15% of its payments to any provider that fails to submit required information. The

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purchasing governmental unit will notify the provider in advance of its intention to impose a penalty under 101 CMR 346.03(2).

(3) General Provisions.

(a) Accurate Data. All reports, schedules, additional information, books, and records that are filed or made available to EOHHS must be certified under pains and penalties of perjury as true, correct, and accurate by the Executive Director or Chief Financial Officer of the operating agency.

(b) Examination of Records. Each operating agency must make available all records relating to its operation and all records relating to a realty service or related party or holding company or any entity in which there may be a common ownership or interrelated directorate upon request of EOHHS for examination.

(c) Field Audits. EOHHS may conduct a field audit. EOHHS will make reasonable attempts to schedule an audit at the mutual convenience of both parties.

(4) Additional Information Requested by EOHHS. Each operating agency must file such additional information as EOHHS may require no later than 21 days after the date of mailing of that written request. If EOHHS's request for the additional information and/or documentation is not fully satisfied through the submission of written explanation(s) and/or documentation within 21 days of the mailing of that request, all costs relative to that request will be excluded from rate development by EOHHS.

346.04: Rate Provisions

(1) Services Included in the Rate. The approved rate includes payment for all care and services that are part of the program of services of an eligible provider, as explicitly set forth in the terms of the purchase agreement between the eligible provider and the purchasing governmental unit(s).

(2) Reimbursement as Full Payment. Each eligible provider must, as a condition of acceptance of payment made by any purchasing governmental units for services rendered, accept the approved program rate as full payment and discharge of all obligations for the services rendered. Payment from any other sources will be used to offset the amount of the purchasing governmental unit's obligation for services rendered to the publicly assisted client.

(3) Payment Limitations. No purchasing governmental unit may pay less than or more than the approved program rate, except as provided in 101 CMR 346.04(2) and (5).

(4) Approved Rates. The approved rate is the lower of the provider's charge or amount accepted as payment from another payer or the rate listed in 101 CMR 346.04. Refer to purchasers' manuals for special coding instructions and limitations on the number of units.

Code	Rate	Description
Inpatient Services		
H0010	\$337.03	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient) (Clinically Managed Detoxification Services)

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Code	Rate	Description
H0011	\$406.07	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (Medically Monitored Inpatient Detoxification Services Facility)
H0011-H9	\$39.44	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (court ordered) (Treatment for Civilly Committed Persons Add-on)
Residential Services		
H0018	\$170.59	Behavioral health; short-term residential (nonhospital residential treatment program), <i>per diem</i> (Transitional Support Services)
H0018-H9	\$141.70	Behavioral health; short-term residential (nonhospital residential treatment program), <i>per diem</i> (court ordered) (Second Offender-driver Alcohol Education Residential)
H0019	\$140.48	Alcohol and/or drug abuse halfway house services, <i>per diem</i> (Residential Rehabilitation), without room and board.
H0019-TH	\$33.06	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, <i>per diem</i> (pregnant/parenting women's program) (Residential Rehabilitation Pregnant Enhancement)
H0019-HD	\$88.71	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, <i>per diem</i> (obstetrical treatment/services, prenatal or postpartum) (Residential Rehabilitation Postpartum Enhancement)
H0019-HV	\$44.36	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, <i>per diem</i> (Residential Rehabilitation Child Enhancement)
H0019-H9	\$210.13	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, <i>per diem</i> (court ordered) (Jail Diversion-Phase I)
H0006-H9	\$59.68	Alcohol and/or drug services; case management (court ordered) (Jail Diversion-Phase II, per hour)
H0019-HR	\$188.37	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, <i>per diem</i> (family/couple with client present) (Family Supportive Housing)
H0019-HR	\$312.05	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, <i>per</i>

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Code	Rate	Description
		<i>diem</i> (substance abuse program) (Family Residential Treatment)
H0047-HR	\$56.32	Alcohol and/or drug abuse services, not otherwise specified (family/couple with client present) (Family Residential 2 nd Partner Enhancement, <i>per diem</i>)
H0019-HH	\$291.80	Alcohol and/or drug abuse halfway house services, <i>per diem</i> (Residential Rehabilitation Co-occurring Enhanced for 16 beds)
Opioid Treatment Services		
Medical Services Visit		
H0020	\$11.26	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program) (dose only visit)
Counseling		
H0004-TF	\$20.11	Behavioral health counseling and therapy, per 15 minutes (opioid individual counseling, intermediate level of care, four units maximum per day)
H0005-HQ	\$17.64	Alcohol and/or drug services; group counseling by a clinician (group setting) (per 45 minutes, opioid group counseling, one unit maximum per day)
H0005-HF	\$35.28	Alcohol and/or drug services; group counseling by a clinician (per 90-minute unit) (one unit maximum per day)
T1006-HR	\$40.52	Alcohol and/or substance abuse services, family/couple counseling (family/couple with client present) (opioid family/couples counseling, per 30 minutes, one unit maximum per day)
T1006-HG	\$81.04	Alcohol and/or substance abuse services, family/couple counseling (family/couple with client present) (opioid family/couples counseling, per 60 minutes, one unit maximum per day)
Ambulatory Services		
Outpatient Counseling		
90882-HF	\$57.85	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions (substance abuse program) (Consultation with another professional or involved party to clarify and coordinate the treatment of an individual receiving substance-related and addictive disorders treatment services, case consultation, per 30 minutes)
H0001	\$28.94	Alcohol and/or drug assessment (per 15 minutes)
H0004	\$28.94	Behavioral health counseling and therapy, per 15 minutes (individual counseling)

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Code	Rate	Description
H0005	\$26.04	Alcohol and/or drug services; group counseling by a clinician (per 45 minutes, group counseling, one unit maximum per day)
H0005-HG	\$52.09	Alcohol and/or drug services group counseling by a clinician (methadone/opioid counseling) (per 90-minute unit) (one unit maximum per day)
T1006	See 101 CMR 306.00: <i>Rates of Payment for Mental Health Services Provided in Community Health Centers and Mental Health Centers</i> (code 90847)	Alcohol and/or substance abuse services; family/couple counseling (per 30 minutes, one unit maximum per day)
T1006-HF	See 101 CMR 306.00: <i>Rates of Payment for Mental Health Services Provided in Community Health Centers and Mental Health Centers</i> (code 90847)	Alcohol and/or substance abuse services; family/couple counseling (per 60 minutes, one unit maximum per day)
H2015-HF	\$15.88	Comprehensive community support services, per 15 minutes (substance abuse program) (Telephone Recovery support service by a counselor trained in evidence-based model)
H2019-HF	\$24.05	Therapeutic behavioral services, per 15 minutes (substance abuse program) (in-home counseling by a clinician)
H2027	\$4.64	Psychoeducational service, per 15 minutes (Educational and motivational nonclinical group, per client)
H2016-HM	\$19.70	Comprehensive community support program, <i>per diem</i> (Enrolled Client Day) (recovery support service by a recovery advocate trained in Peer Recovery Coaching)
Clinical Case Management		
H0006-HO	\$28.94	Alcohol and/or drug services; case management (Substance-related and addictive disorders service by master's level clinician that uses an evidence-based model that integrates clinical and case management services, per 15 minutes)
H0006-HN	\$18.21	Alcohol and/or drug services; case management (Substance-related and addictive disorders service by non-master's level counselor to engage and link client to treatment and community resources, per 15 minutes)
H0001-H9	\$28.94	Alcohol and/or drug assessment (court ordered) (per 15 minutes)
H0004-H9	\$28.94	Behavioral health counseling and therapy, per 15 minutes (court ordered) (individual counseling)

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Code	Rate	Description
H0005-H9	\$8.68	Alcohol and/or drug services; group counseling by a clinician (court ordered) (per 15 minutes)
Day Treatment		
H2012-HF	\$104.44	Behavioral health day treatment (substance abuse program) (3.5 hours)
Outpatient Services		
H0004-HD	\$28.94	Behavioral health counseling and therapy, per 15 minutes (pregnant/parenting women's program) (individual counseling)
H0005-HD	\$26.04	Alcohol and/or drug services; group counseling by a clinician (pregnant/parenting women's program) (per 45 minutes, group counseling, one unit maximum per day)
H0005-TH	\$52.09	Alcohol and/or drug services group counseling by a clinician (pregnant/parenting women's program) (per 90-minute unit) (one unit maximum per day)
H0006-HD	\$18.21	Alcohol and/or drug services; case management (pregnant/parenting women's program) (per 15 minutes)
T1006-HD	See 101 CMR 306.00: <i>Rates of Payment for Mental Health Services Provided in Community Health Centers and Mental Health Centers</i> (code 90847)	Alcohol and/or substance abuse services; family/couple counseling (pregnant/parenting women's program) (per 30 minutes, one unit maximum per day)
T1006-TH	See 101 CMR 306.00: <i>Rates of Payment for Mental Health Services Provided in Community Health Centers and Mental Health Centers</i> (code 90847)	Alcohol and/or substance abuse services; family/couple counseling (pregnant/parenting women's program) (per 60 minutes, one unit maximum per day)
Day Treatment		
H1005	\$104.44	Prenatal care, at-risk enhanced service package (includes H1001-H1004) (prenatal care, at-risk enhanced service, antepartum management, care coordination, education, follow-up home visit, individual counseling, per hour)
H1005-HQ	\$104.44	Prenatal care, at-risk enhanced service package (includes H1001-H1004) (group setting) (prenatal care, at-risk enhanced service, antepartum management, care coordination, education, follow-up home visit, day treatment, per 3.5 hours)

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Supportive Case Management Services		
Unit	Rate	Service
Enrolled Client Day	\$12.06	Permanent Adult
Enrolled Client Day	\$24.31	Permanent Families
Enrolled Client Day	\$33.71	Permanent Young Adult
Enrolled Client Day	\$14.42	Transitional Adult
Enrolled Client Day	\$29.04	Transitional Families
Enrolled Client Day	\$39.42	Transitional Young Adult
Month	\$2,701.00	House Manager Add-on
Month	\$3,745.00	Outreach and Staffing Supports
Enrolled Client Day	\$49.91	Low Threshold
N/A	I.C.	Extraordinary Circumstances/Flex Funding
Month	\$16,317	School-based Targeted Prevention Program

Program	Model	Unit	Base Rate	Engagement Staffing Rate	Engagement Staffing Rate, Day Program only
Triage, Engagement, and Assessment Services	A	Monthly per slot	\$898	\$502	\$259
	B	Monthly per slot	\$1,080	\$679	\$425

Triage, Engagement, and Assessment Services Add-on Rates	Unit	Rate
Peer Service Coordinator Add-on Rate	Hourly	\$20.32
Social Worker LCSW Add-on Rate	Hourly	\$36.88
Care Coordinator Add-on Rate	Hourly	\$20.32
Direct Care Staff Add-on Rate	Hourly	\$20.32
Support Staff Add-on Rate	Hourly	\$20.32

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Service	Tier	Monthly Rate
Office-based Opioid Treatment Programs (OBOTs)	Tier 1	\$2,314
Federally Qualified Health Centers (FQHCs) Wraparound Services	Tier 2	\$3,190
	Tier 3	\$4,066
	Tier 4	\$4,942
	Tier 5	\$5,818
	Tier 6	\$6,981
	Tier 7	\$8,145
	Tier 8	\$9,308
	Tier 9	\$10,472
	Tier 10	\$11,635
FQHCs 25 Client Add-on Rate	Tier 10	\$1,164

Service	Tier	Monthly Rate
Office-based Opioid Treatment Programs (OBOTs) Outpatient Clinic Wraparound Services	Tier 1	\$4,386
	Tier 2	\$5,262
	Tier 3	\$6,138
	Tier 4	\$7,015
	Tier 5	\$7,891
	Tier 6	\$9,469
	Tier 7	\$11,047
	Tier 8	\$12,625
	Tier 9	\$14,203
	Tier 10	\$15,781
Outpatient Clinic 25 Client Add-on Rate	Tier 10	\$3,236
Office-based Opioid Treatment Programs (OBOTs) Hospital Wraparound Services	Tier 1	\$4,697
	Tier 2	\$8,030
	Tier 3	\$11,328
	Tier 4	\$14,650
	Tier 5	\$17,972
	Tier 6	\$21,567
	Tier 7	\$25,161
	Tier 8	\$28,756
	Tier 9	\$32,350
	Tier 10	\$35,944
Hospital 25 Client Add-on Rate	Tier 10	\$3,804

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Service	Level	Monthly Rate
Federally Qualified Health Centers (FQHCs) Start-up	Level 1	\$8,016
	Level 2	\$11,711

Service	Tier	Monthly Rate
Recovery Support Centers	Tier 1	\$39,489
	Tier 2	\$49,072
	Tier 3	\$59,844
Recovery Support Center Add-on Rates	FTE	Monthly Rate
Direct Service Staff Add-on Rate	1.0	\$4,131
Direct Service Staff Add-on Rate	0.5	\$2,066
Recovery Coach Specialist Staff Add-on Rate	1.0	\$5,168
Recovery Coach Specialist Staff Add-on Rate	0.5	\$2,584

(5) Pay for Performance (P4P) Incentive Payments. Subject to a purchasing governmental unit's determination of the availability of funds, P4P providers receive incentive payments through the Pay for Performance (P4P) Program as defined by the purchasing governmental unit and as follows.

(a) Performance Indicators. Each performance indicator is calculated to produce aggregate numbers that will be used to establish baseline information, attainment thresholds, and performance benchmarks, relative to the distribution of P4P eligible providers. Performance indicator rates are calculated by dividing the numerator by the denominator for each measure to obtain a percentage. A measure's denominator is the number of clients served by a P4P eligible provider who are eligible for the performance measure and the numerator is the subset of the denominator who meet the measure's specific performance criteria.

(b) Payment Eligibility. To be eligible for payment for a performance indicator, a P4P eligible provider must

1. be an eligible provider as of a certain date, the date to be established by the purchasing governmental unit on an annual basis; and
2. have a minimum number (minimum to be established by the purchasing governmental unit) of clients who must meet specific performance indicator criteria during the date range for which performance is being measured.

(c) Performance Score. For each performance indicator for which the P4P eligible provider is eligible per 101 CMR 346.04(5), P4P eligible providers will earn points for either achieving a benchmark or for improving their performance over their previous year's performance. Points will be awarded to a P4P eligible provider for each indicator, according to the methodologies in 101 CMR 346.04(5)(c).

1. Attainment Points. P4P eligible providers may earn points based on where the P4P eligible provider's performance falls, relative to the attainment threshold and to the benchmark set for each performance indicator. The attainment threshold is set at the median of all P4P eligible providers' performance rates. The benchmark is set at the 75th percentile of all P4P eligible providers' performance rates. P4P eligible providers will

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receive attainment points between the range of zero and ten for each performance indicator, as noted in 101 CMR 346.04(5)(c).

- a. If a P4P eligible provider's performance rate is below the attainment threshold, it will receive zero attainment points.
- b. If a P4P eligible provider's performance rate is greater than or equal to the benchmark, it will receive ten attainment points.
- c. If a P4P eligible provider's performance rate is below the benchmark, but at or above the attainment threshold, the P4P eligible provider will receive anywhere from one to up to but less than ten attainment points, as calculated using the following formula.

P4P Eligible Provider's Attainment Points =

$$\left(\frac{(ATP's \text{ Performance Rate}) - (Attainment Threshold)}{(Benchmark Rate) - (Attainment Threshold)} \times 9 \right) + 1$$

2. Improvement Points. P4P eligible providers may earn improvement points if the P4P eligible provider has demonstrated improvement from its previous year's performance rate. The P4P eligible provider's improvement points will be calculated based on the following formula.

P4P Eligible Provider's Improvement Points =

$$\left(\frac{(ATP's \text{ Performance Rate}) - (ATP's \text{ Previous Year Performance Rate})}{(Benchmark Rate) - (ATP's \text{ Previous Year Performance Rate})} \right) \times 10$$

3. P4P Eligible Provider Awarded Points. For each performance indicator, the awarded points are the higher of the attainment or improvement points earned by the P4P eligible provider. In no event will the number of points awarded exceed ten for each performance indicator. Each performance indicator's awarded points are then summed across all the indicators a P4P eligible provider is eligible for to determine the total awarded points for a P4P eligible provider.

P4P Eligible Provider's Awarded Points = (Points Awarded Indicator 1) + (Points Awarded Indicator 2) +(Points Awarded Indicator N)

4. P4P Eligible Provider Potential Points. The total potential points for a P4P eligible provider is determined by multiplying the number of performance indicators the P4P eligible provider is eligible for (*see* 101 CMR 346.04(5)) by the maximum number of points per performance indicator (10).

Potential Points = (Number of Performance Indicators for which a P4P Eligible Provider is Eligible) X 10

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5. P4P Eligible Provider Performance Score. The P4P eligible provider's performance score reflects a percentage between 0% and 100%. The P4P eligible provider awarded points is divided by the P4P eligible provider potential points to obtain the P4P eligible provider performance score based on the following formula.

P4P Eligible Provider Performance Score = (P4P Eligible Provider Awarded Points) / (P4P Eligible Provider Potential Points)

(d) Per Client Payment Amount. The per client payment amount is determined as follows. The per client payment amount is determined by dividing the aggregate dollar figure determined by the purchasing governmental unit(s) to be available for incentive payments by the statewide adjusted clients calculated as described below.

Per Client Payment Amount = $\frac{\text{Aggregate Dollar Amount Available for Incentive Payments}}{\text{Statewide Adjusted Clients}}$

1. Statewide Adjusted Clients. The statewide adjusted clients figure is calculated by summing over all P4P eligible providers, each P4P eligible provider's adjusted clients number.

Statewide Adjusted Clients = (P4PEP 1 Adjusted Clients) + (P4PEP 2 Adjusted Clients) +
(P4PEP N Adjusted Clients)

2. P4P Eligible Provider Adjusted Clients. Each P4P eligible provider's number of clients served during the measurement period is multiplied by the P4P eligible provider's performance score to derive the "adjusted clients" figure.

(e) P4P Eligible Provider Total Performance Indicator Payment Amount. A P4P eligible provider's performance indicator incentive payment is calculated as the product of

1. the P4P eligible provider's performance score calculated as per 101 CMR 346.04(5)(c);
2. the number of P4P eligible provider clients served during the measurement period; and
3. the per member payment amount that is calculated as per 101 CMR 346.04(4).

P4P Eligible Provider Total Performance Indicator Payment Amount = (P4P Eligible Provider Performance Score) x (number of P4P Eligible Provider clients served) x (Per Member Payment Amount)

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346.05: Severability

The provisions of 101 CMR 346.00 are severable. If any provision of 101 CMR 346.00 or application of such provision to any eligible provider or fiscal intermediary is held invalid or unconstitutional, such determination will not affect the validity or constitutionality of any remaining provisions of 101 CMR 346.00 or application of such provisions to eligible providers or fiscal intermediaries in circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 346.00: M.G.L. c 118E.